

Entrustable Professional Activity: An approach to safety for medical students in patient care

Educational Grand Rounds

OUHSC ATS

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OU School of Community Medicine

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Objectives

- Identify discrete roles for medical students in the clinical microsystem
- Understand how entrustment decisions regarding medical student roles in patient care impact safety
- Use entrustment decisions to adjust levels of supervision in the clinical setting
- Communicate entrustment decisions across clinical settings

Student Role in Clinical Microsystems

- The student role in clinical microsystems ranges from observer to supervised clinician
- The Entrustable Professional Activities that students may perform vary widely across microsystems
 - Student performance depends on fitting into “rules of entrustment”
 - Adult learning depends on meaningful involvement
- Assure safety for students and patients in microsystem
 - Avoid conclusions that performance is unprofessional or incompetent
 - Assure student confidence is appropriate to competence
 - Mitigate risk to patient or student health and well being

Clinical Microsystem

Doctors and other providers do not deliver care – the clinical microsystems deliver care

Smallest replicable unit of care

Source of quality, safety, & value

Clinical Microsystem

5 P's Anatomy

Purpose

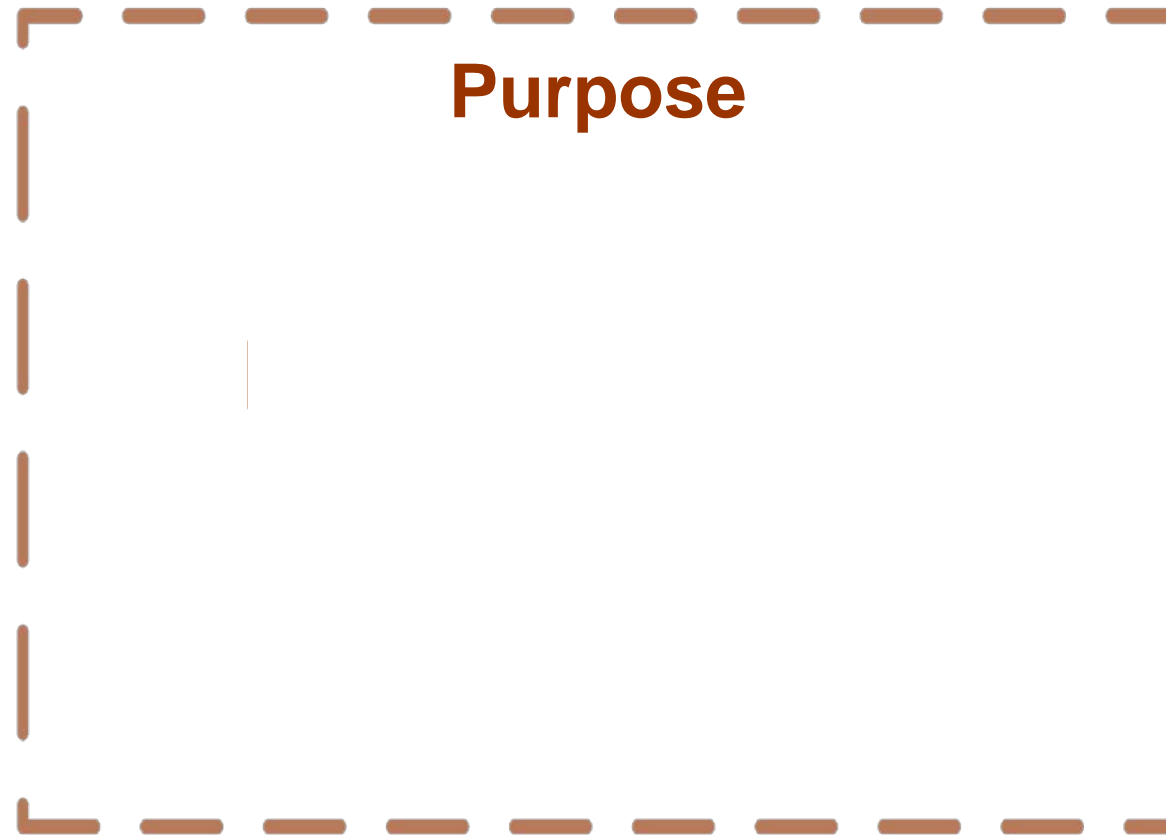
Patients

Professionals

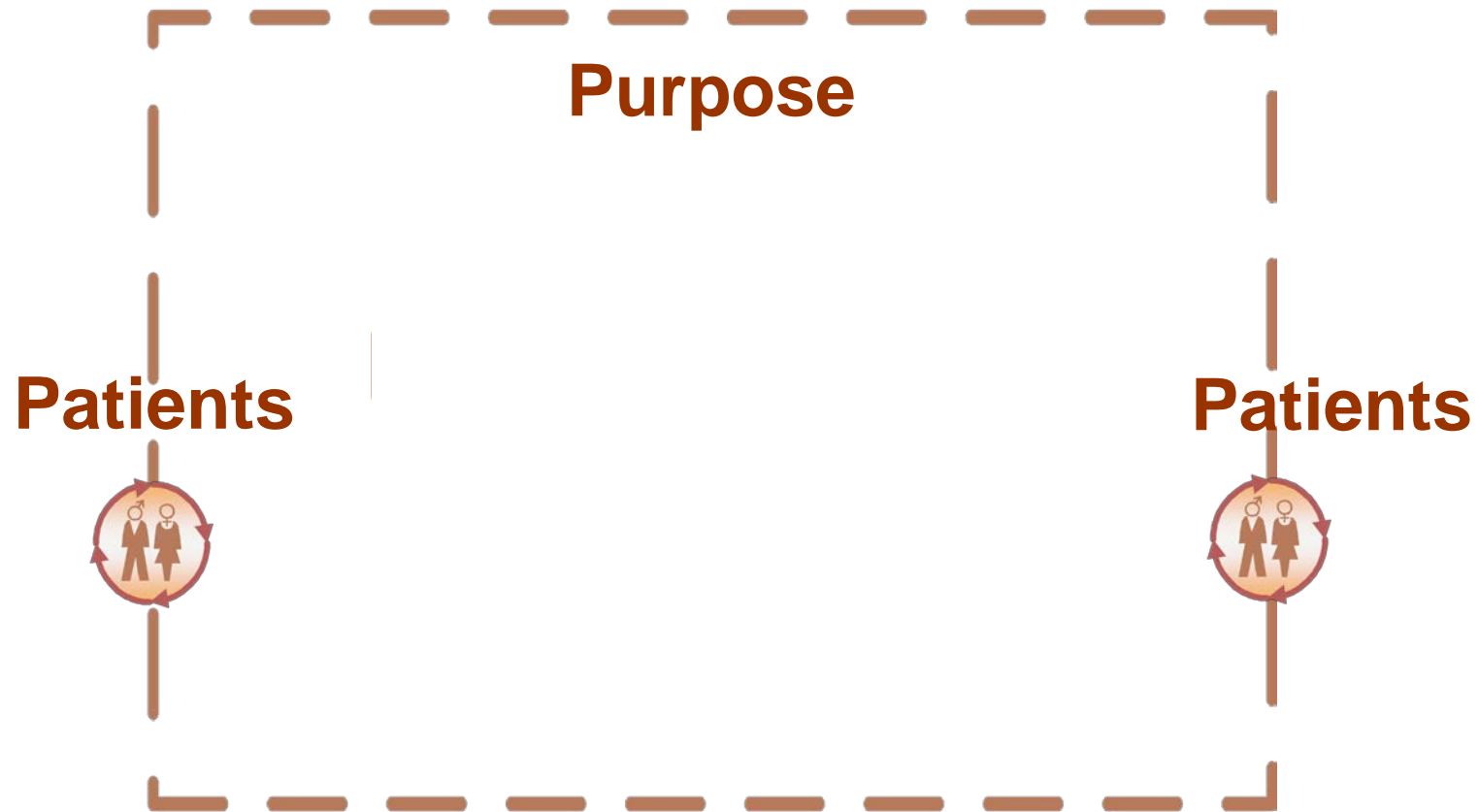
Processes

Patterns

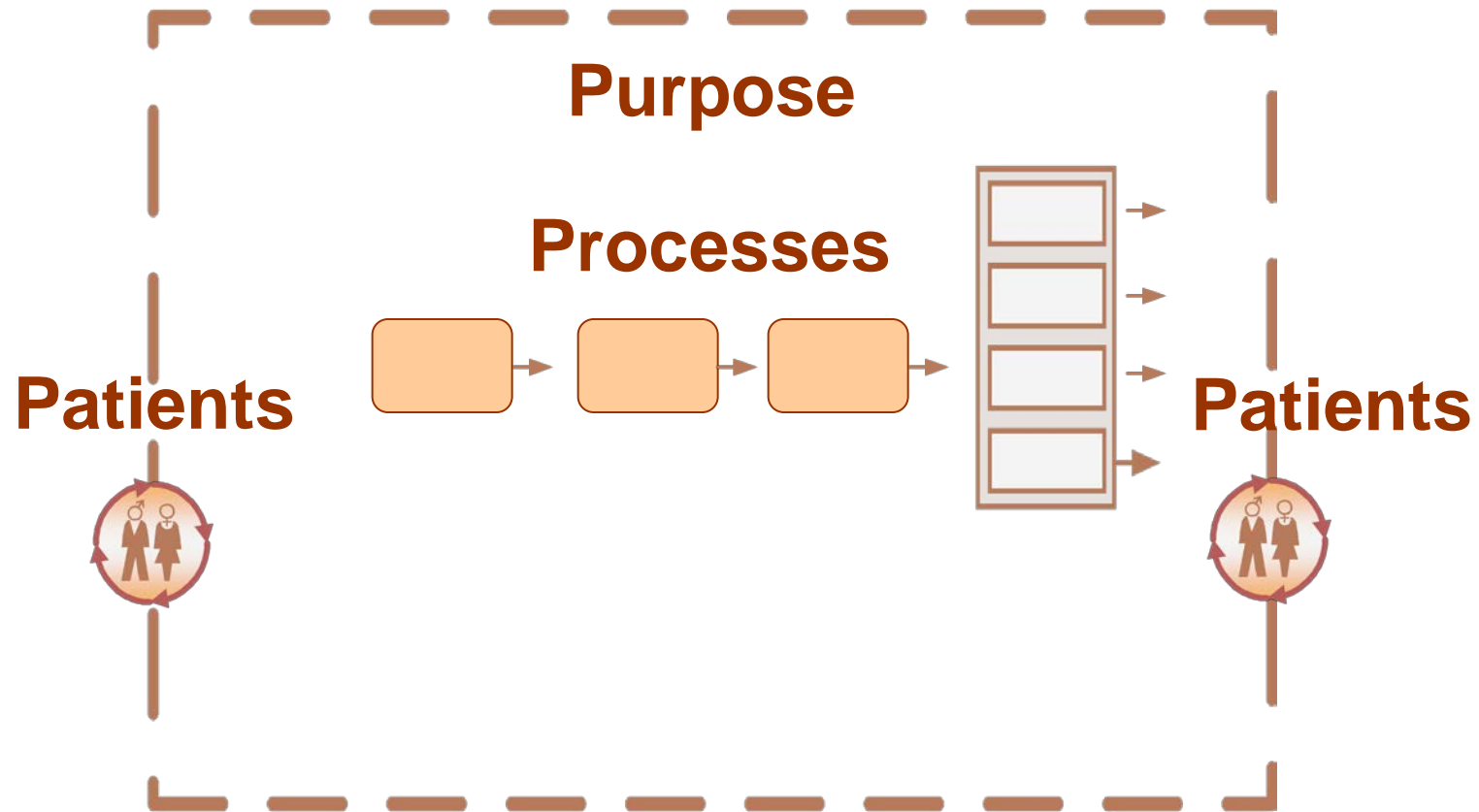
Clinical Microsystem



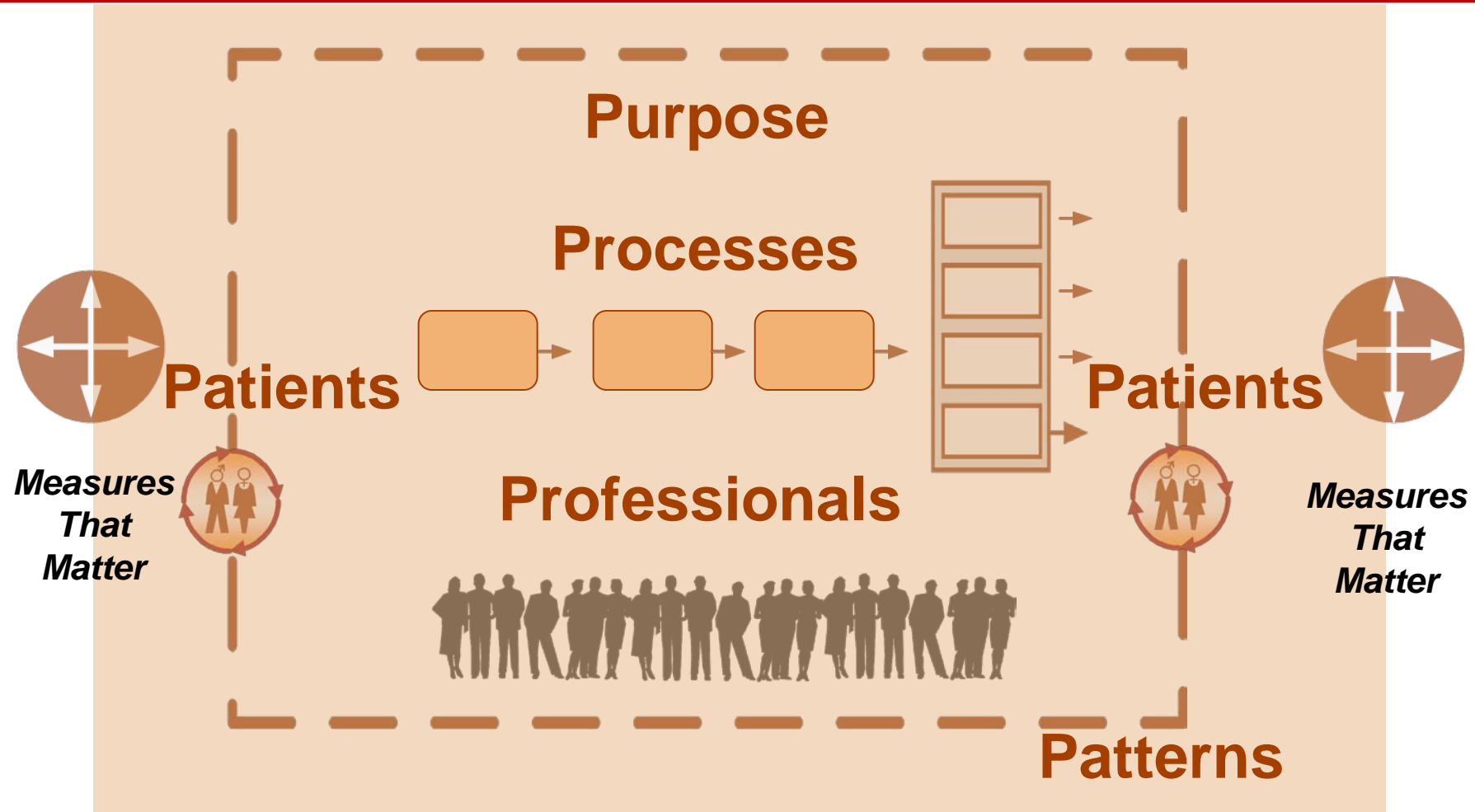
Clinical Microsystem



Clinical Microsystem



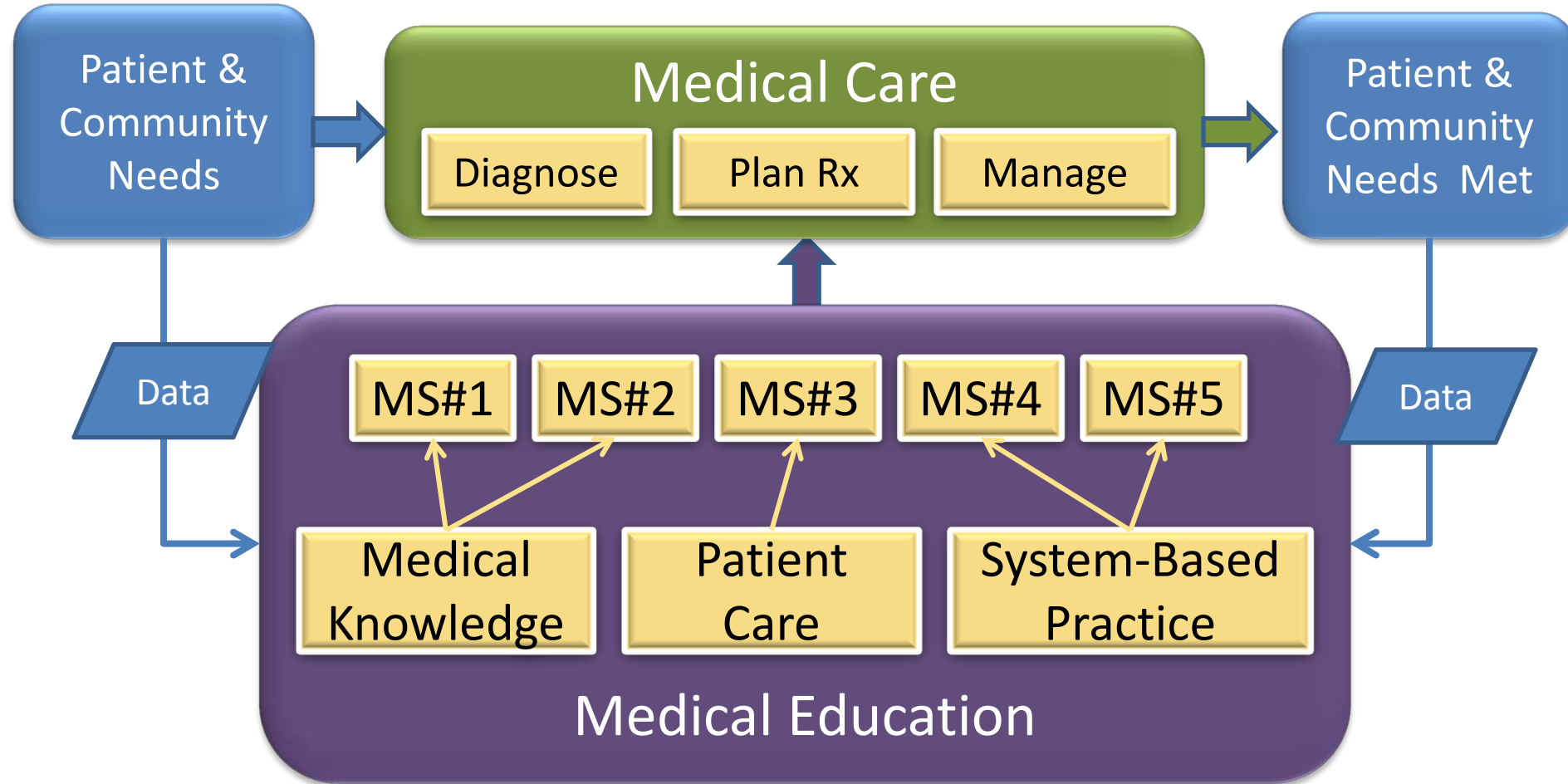
Clinical Microsystem



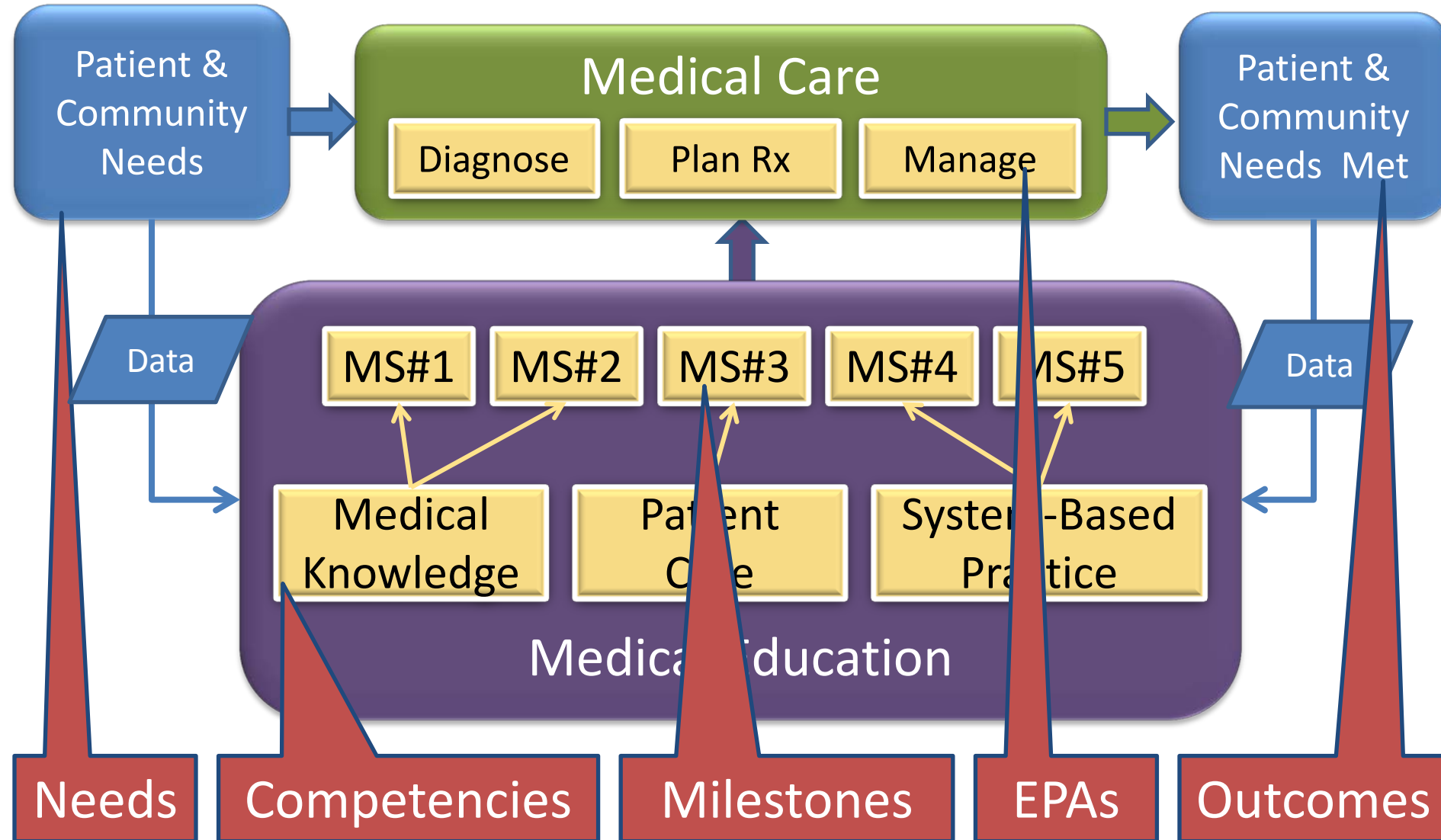
Student Course Orientation: Microsystem

- Purpose – specific type of medical service
- Patients – unique characteristics of this population
- People – nurses, pharm D, technicians, clerical staff, IT
- Processes
 - Modifications of core processes (Examination, Diagnosis, Treatment, Management, Therapeutic Relationship)
 - Processes unique to this microsystem (technology, procedures, communications, space, time-schedules)
 - Place in the Medical Neighborhood - Macrosystem
- Patterns
 - Culture, atmosphere, norms of behavior
 - Measures of quality and cost to understand value

Competence & Clinical Outcome



Competence & Clinical Outcome



EPA Stage – Trust student to....

1. Direct supervision is observed in whole performance
2. Indirect supervision, direct is immediately available and provided.
3. No supervision, indirect available and provided as a check
4. No supervision need – has professionalism to consult when needed.

Tool for Protecting Trust

- Evidence of entrustable performance of clinical task:
 - **R**: Interviewing, examining, building a relationship, recording, presenting
 - **I**: Interpreting, diagnosing, prognosticating, collaborating teamwork, prepared, patient values have priority
 - **M**: Prescribing, ordering, following-up, treating with procedure
 - **E**: Counseling, delegating, consulting.
- What does the tool look like?
- Technological tracking of work processes

Conclusion

- Teaching Clinical Medicine
 - Learning in the context of delivering patient care
 - Location for learning provides nuances and generalizations
- Clinical Development
 - Progression of clinical entrustment across rotations
 - Communicating entrustment from rotation to rotation.